

<b>Case Number:</b>	CM14-0056496		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/18/2012
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/26/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 39 year old who was injured on 9/18/2013. The diagnoses are low back pain and myofascial pain syndrome. There are associated diagnoses of anxiety, depression and insomnia. The patient had completed 14 physical therapy sessions, acupuncture and modification of activities programs. On 3/26/2014, [REDACTED] noted subjective complaints of low back pain and muscle pain. The pain score was 7/10 on a scale of 0 to 10. The patient was noted to have some suicidal ideation. A multidisciplinary evaluation was pending. A referral to a pain psychologist was denied. The medications are Etodolac and Lidoderm for pain. The patient was not able to tolerate many medications due to the presence of chronic liver disease. A utilization review determination was rendered on 4/7/2014 recommending non-certification for Etodolac 400mg #60 with 3 refills and Lidoderm 5% 700mg patch.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Etodolac 400 mg 1 po bid #60 refills 3:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

**Decision rationale:** The California MTUS addressed the use of NSAIDs in the treatment of chronic musculoskeletal pain. It is recommended that the use of NSAIDs be limited to the lowest effective dose for the shortest periods during acute injury and periods of exacerbation or flare ups of musculoskeletal pain. The records indicate that the patient reported significant beneficial effects from the use of Etodolac. There are no adverse effects reported. The patient could not utilize many other classes of pain medications because of the presence of chronic liver disease. Treatments from a Pain Psychologist that can lead to reduction in medication utilization were denied. Therefore the request is medically necessary.

**Lidoderm 5% 700 mg patch 1 patch 12 hours on and off #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 111-113.

**Decision rationale:** The California MTUS addressed the use of topical Lidocaine preparation in the form of Lidoderm for the treatment of localized neuropathic pain. Lidoderm is indicated as a second -line medication for patients who cannot tolerate or have failed treatment with anticonvulsants and antidepressants. The records indicate that the patient cannot tolerate many first-line medications due to the presence of co-existing chronic liver disease. Non medication treatment from a Pain Psychologist was not authorized. The patient reported localized beneficial effects with the use of Lidoderm. The patient reported suicidal ideation related to the presence of severe chronic pain. Therefore the request is medically necessary.